# FORM D

SEC Mail Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 

14343	533						
OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estirnated average burden							
hours per respons	e 16.00						

SEC USE ONLY DATE RECEIVED

Weehington DC

MAY 05 2008

108 UN	IFORM LIMITED OFFERING EXEM	PTION
	mendment and name has changed, and indicate change.) Office	
· · · · · · · · · · · · · · · · · · ·	shares, for an aggregate purchase price of \$1,700,000,	<del></del>
	Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:  New Filing  Ame	endment	•
	A. BASIC IDENTIFICATION DATA	PROCESSED
	· · · · · · · · · · · · · · · · · · ·	1 KOOLOOLD
1. Enter the information requested about t	he issuer	V 144 0 0 000
Name of Issuer ( check if this is an ame	ndment and name has changed, and indicate change.)	MAY 0 8 2008
Guanabanas Restaurant, Inc.		THOMSON DELITEDS
Address of Executive Offices	(Number and Street, City, State, Zip Code)	THOMSON REUTERS Telephone Number (Including Area Code)
997 North Coastal Highway AIA, Jupite	r, Florida 33477	321-676-6040
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Own and operate restaurant business.		
		E NA BAYA A A KARA KARAN A KARAN A KARA BAYAN A KARAN A KARAN
Type of Business Organization		
✓ corporation	limited partnership, already formed other (p	lease:
business trust	limited partnership, to be formed	08049640
	Month Year	
Actual or Estimated Date of Incorporation or		nated
Jurisdiction of Incorporation or Organization	: (Enter two-letter U.S. Postal Service abbreviation for State	
	CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal:		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a foss of an available state exemption unless such exemption is predictated on the filing of a federal hotice.

				A. BASIC IDI	ENTII	FICATION DATA				
2. Enter the information	on reques	ted for the fo	llowin	g:						
Each promoter	of the is	suer, if the is	ssuer h	as been organized w	ithin (	the past five years;				
Each beneficia	l owner h	aving the pov	wer to v	vote or dispose, or dis	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each executiv	e officer a	and director	of corp	orate issuers and of	corpo	rate general and mar	aging	partners of	partne	ership issuers; and
Each general a	ınd manaş	ging partner	of part	nership issuers.						
Check Box(es) that App	y: 🗾	Promoter	<b>7</b>	Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name fi Zimmerman, John E.,	•	ividual)					<u> </u>	<del>*</del>		
Business or Residence A c/o Guanabanas Rest				t, City, State, Zip Co astal Highway AIA		iter, Florida 33477	·		·	
Check Box(es) that Appl	y:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name fi Rimmler, Frederick F	-	ividual)								
Business or Residence A c/o Guanabanas Res		•		t, City, State, Zip Co pastal Highway AlA	•	iter, Florida 33477			-	
Check Box(es) that Appl	y: 📋	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name fi Baugh, James	rst, if ind	ividual)		· .		· · · · · · · · · · · · · · · · · · ·				
Business or Residence A c/o Guanabanas Res					-	iter, Florida 33477				
Check Box(es) that App	y: 🔲	Promoter	Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi Guanabanas Investm		,	••••							
Business or Residence A c/o Guanabanas Rest						ter, Florida 33477				
Check Box(es) that Appl	y: 🔲	Promoter	V	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi Jupiter Outdoor Cent			· · · · · ·							
Business or Residence A c/o Guanabanas Res		•		t, City, State, Zip Co astal Highway AIA	-	iter, Florida 33477			• . • .	
Check Box(es) that App	y: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi	rst, if ind	ividual)								
Business or Residence A	ddress	(Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Appl	y:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi	rst, if ind	ividual)		•						
Business or Residence A	ddress	(Number and	Street	t, City, State, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·	•	
· · · · · · · · · · · · · · · · · · ·	<del></del>	(Use bla	ank she	eet, or copy and use	additi	onal copies of this sl	heet, a	s necessary	·)	

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
									-	·n		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									.,		Ø	
2.	What is the minimum investment that will be accepted from any individual?								\$ 4,00	0			
2.									***************************************	Yes	No		
3.	Does the offering permit joint ownership of a single unit?									$\overline{\mathbf{Z}}$			
4.											irectly, any		
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of successions of successions.									with a state			
						ore than five ion for that				ciated pers	ons of such		
Full			first, if ind										
N/A													
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Lip Code)						
Nan	ne of Ass	sociated Br	oker or De	aler	<u></u>				<u> </u>	· <del> , · -</del> · · · ·	<del></del>		
	<del></del>					· · · · · · · · · · · · · · · · · · ·							
Stat		_				to Solicit							
	(Check	"All States	or check	individua	States)	***************************************					***************************************	☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	CA	HI	ID
		IN N	IA	KS	KY	LA	ME	MD	MA	· MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM) UT)	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (	Number an	d Street, C	ity, State,	Zip Code)					•	
		· · · · · · · · · · · · · · · · · · ·											<u>.</u>
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del></del>					·
	(Check	"All States	or check	individual	States)	***********		******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	☐ Al	States
	AL	AK	AZ	ĀR	CA	[CO]	[CT]	DE	DC	FL	GA	HI	ΠD
	IL	ĪN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
•	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
	RI	SC	SD	[TN]	TX	[UT]	VT	VA	WA	WV	( <u>w</u> )	WY	PR
Full	Name (	Last name	first, if ind	ividual)		· · · · · · · · · · · · · · · · · · ·		•	<del> </del>				
Bus	iness or	Residence	Address (	Number an	d Street. C	City, State,	Zin Code)				<del></del>		
													_
Nan	ne of Ass	sociated Br	oker or De	aler								•	
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)					***************************************	•••••		l States
	AL	AK	AZ	AR	ĈĀ	CO	CT	DE	DC	[FL]	<u>GA</u>	HU	ĪĎ
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	A manusta	A novet Alexador
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u>-</u> -	<u> </u>
	Equity	1,700,000	<u> </u>
	[☑] Common ☐ Preferred		
	Convertible Securities (including warrants)	<u>-0-</u>	s -0-
	Partnership Interests		s -o-
	Other (Specify)	-0-	s -o-
		1,700,000	s -0-
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ -0-
	Non-accredited Investors		_ so-
	Total (for filings under Rule 504 only)		- <u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		S
	Rule 504		s
	Total	· · · · · · · · · · · · · · · · · · ·	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-
	Transfer Agent's Fees	Г	7 <b>s</b>
	Printing and Engraving Costs	-	
	Legal Fees	_	
	Accounting Fees	_	 7
	Engineering Fees	-	
	Sales Commissions (specify finders' fees separately)	-	] \$
	Other Expenses (identify)	_	] <b>\$</b>
	Total		25,000

<sup>\*</sup>Warrants for up to 50% of the number of shares purchased were issued. No cash consideration was paid for the Warrants.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	<del> </del>
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	] <b>\$</b>	. 🗆 <b>\$</b>
	Purchase of real estate	]\$	. 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	]\$	. 🗆 \$
	Construction or leasing of plant buildings and facilities	<u>]</u> \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ר. 3	<b>□</b> \$ 1,675,000
	Repayment of indebtedness		
	Working capital		
	Other (specify):	_	_
		\$	. 🗆 \$
	Column Totals		<b>1,675,000</b>
	Total Payments Listed (column totals added)	<b>⊘</b> \$ <u></u> 1,	675,000
_	D. FEDERAL SIGNATURE		
			<del></del>
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	le 505, the followin in request of its staf
	Guanabanas Restaurant, Inc.  Signature	Date	, 2008
	me of Signer (Print or Type)    Description		
			··

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE	SIGNATURE								
1.	Is any party described in 17 CFR 2 provisions of such rule?				Yes	No 🗸					
		See Appendix, Colu	mn 5, for state response.								
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times		e administrator of any state is	n which this notice	is filed a no	tice on Form					
3.	The undersigned issuer hereby und issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents limited Offering Exemption (ULOF of this exemption has the burden o	E) of the state in which this	notice is filed and understar	nds that the issuer o							
	er has read this notification and know thorized person.	vs the contents to be true and	has duly caused this notice t	o be signed on its be	chalf by the	undersigned					
Issuer (	Print or Type)	Signature	41	Date							
Guana	abanas Restaurant, Inc.		from Il		, 2008	3					
Name (Print or Type)  John E. Zimmerman III		Title (Puh) or President	Туре)								
			<del> </del>								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX** 4 2 3 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited **Investors** No State Yes No Investors Amount Amount Yes Series A Pfd. Stock AL ΑK AZAR CACO CT DE DC \$1,700,000 FL GA HI ID \$1,700,000 IL IN IA KS KY LA ME MD MA MI MN

PMB\_340639

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APPEND
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1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series A Pfd. Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									•
NE									
NV									
NH									
NJ		<b>√</b>	\$1,700,000						
NM						•			
NY									
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
sc	_								
SD	<u> </u>								
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									

				APP	ENDIX					
1	•	2	3		4					
	to non-a	to sell eccredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

